MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10059

CERTIFICATE OF DEATH

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Bittinger (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 55 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Bittinger Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mahala Ellen Ellithorp

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chancey E. Ellithorp

6(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) June 26 - 1857

8. AGE:

Years	Months	Days	If less than one day
82	3	10	____ hrs. ____ min.

9. Birthplace New Germany Garrett Co. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER

12. Name Henry Broadwater

13. Birthplace Md New Germany

MOTHER

14. Maiden name Rachel Ogg

15. Birthplace Va

16. Informant Chancey E. Ellithorp

Address Bittinger Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 - 9 - 1939 (month) (day) (year)

Cemetery or crematory Grantsville Cemetary

Location Grantsville Md

18. Funeral director Wm Winebrenner

Address Grantsville Md

19. 10 - 9 1939 (Date rec'd by registrar) J. B. Empey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Oct 6 1939, and that I last saw h alive on Oct 1 1939.

Immediate cause of death Myocarditis

Due to Arteriasclerosis

Due to Chronic myocarditis

Due to Duration three years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. R. Davis M.D. M. D. or other

Address Grantsville Md Date signed Oct 9 1939

RECEIVED
NOV 3 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (157-d)

10060

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
County OAKLAND, MD. ROUTE.
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County GARRETT
City or town OAKLAND, MD. ROUTE. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
ROBERT PAUL FRIEND.

3. (b) Social Security Number
✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCTOBER, 21st, 1939.

8. AGE: Years | Months | Days | If less than one day 8 hrs. min.

9. Birthplace OAKLAND, MD.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name ROBERT OTHO FRIEND.
13. Birthplace HOYES, MD.

MOTHER
14. Maiden name VERNIE IRETA LAPE.
15. Birthplace HOOVERSVILLE, PA.

16. Informant PAUL OTHO FRIEND.
Address OAKLAND, MD.

17. BURIAL Date thereof OCT, 23d 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory PLEASANT VALLEY
Location OAKLAND, MD. ROUTE.

18. Funeral director EMROY D. BOLDEN.
Address OAKLAND, MARYLAND.

19. 10-22- 1939 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1939, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1939, to Oct. 21 1939, and that I last saw him alive on Oct 20 1939.

Immediate cause of death Ensuring received at birth to head & chest
Due to Abnormal cried
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. C. Hinebaugh
M. D. or other
Address Oakland Md Date signed Oct 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B) Reg. Dist. No. 166

CERTIFICATE OF DEATH

10061

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town R. D. McHenry (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in this community (yrs., mos., or days) 26 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Garrett
(c) City or town R. D. McHenry (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Miles east of McHenry, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) **FULL NAME** Ellen Nora (Bowman) Glotfelty

3 (b) If veteran, name war ---

3 (c) Social Security No. ---

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Thadeous Glotfelty

6. (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) March 12, 1860

8. AGE: Years 79 | Months 7 | Days -- | If less than one day ____ hr. ____ min.

9. Birthplace Garrett Co., Maryland. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER
12. Name Moses Bowman
13. Birthplace Summerset Co., Pa.

MOTHER
14. Maiden Name Susan Baer
15. Birthplace Summerset Co., Pa.

16 (a) Informant Paul Glotfelty
(b) Address McHenry, Garrett Co., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1939 (month) (day) (year)
(c) Cemetery or crematory Thayerville Cemetery
Location 8 Miles North of Oakland, Md.

18 (a) Funeral director Herbert L. Leighton
(b) Address Oakland, Maryland.

19 (a) 10/17/39 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death October 11, 1939, at 1:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to Oct 11 1939, and that I last saw him alive on Sept 22 1939.

Immediate cause of death Carcinoma of Stomach — Duration

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature M. S. Bowerman M. D. or other
Address Oakland Md Date signed 10/12/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 16

10062

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Garrett, Md. R.D. 1
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 1/2 Mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Ohio (b) County Mahoning Co.

(c) City or town Struthers
(If outside city or town limits, write RURAL and give town)

(d) Street No. 29 S. Midlothian Blvd.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Eugene Victor Grapes

3 (b) If veteran, name war ✓

3 (c) Social Security No. 294-09-3947

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years 19 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Struthers, Ohio
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Steel Mill

FATHER 12. Name William C. Grapes

13. Birthplace Hardy Co., W. Va.

MOTHER 14. Maiden Name Myrtle Davis

15. Birthplace Hardy Co., W. Va.

16 (a) Informant Rosco Runyan

(b) Address Bayard, W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1939 (month) (day) (year)

(c) Cemetery or crematory Youngstown, O.

Location

18 (a) Funeral director Herbert L. Leighton

(b) Address Oakland, Md.

19 (a) Oct 1, 1939 (Date rec'd by registrar) (b) Virginia M. Harvey Registrar

MEDICAL CERTIFICATION

20. Date of death October 1 1939, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30, 1939, to Oct. 1, 1939, and that I last saw him alive on Sept. 30, 1939.

	Duration
Immediate cause of death Coronary Embolism	4 days
Due to Valvular lesion (type undetermined) probably rheumatic	Several yrs.
Due to	
Other conditions Patient was in extremis when first seen - little history could be obtained (Include pregnancy within 3 months of death)	

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harold C. Miller, M.D.
M. D. or other

Address Eglon, W. Va. Date signed Oct. 4, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 7 1939
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10063

(46-B)

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 164

Village or City Accident Road — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Albert Hartman — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hartman

6. DATE OF BIRTH (month, day, and year) Aug 6 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) May 18-1938 — 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Hoya (State or country) Md

FATHER

13. NAME William Hartman

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Maria Sporline

16. BIRTHPLACE (city or town) Accident Md (State or country)

17. INFORMANT Mrs Margaret Hartman (Address) R D Accident Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Accident Date 10-11, 1939

19. UNDERTAKER Wm A Winterberg (Address) Grantsville Md

20. FILED Oct 10, 1939 A J Rushton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 9th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October, 1937, to October, 1939

I last saw him alive on October 4th, 1939; death is said to have occurred on the dete stated ebove, at 3 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Acute Endocarditis	8/20/39
Caremom of the stomach	6/4/36

Other Contributory Causes of importance:

chronic nephritis	4/20/35
arterio sclerosis	5/26/28
ulcers of the stomach	5/12/28

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Dete of injury — , 19____

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury —

Nature of injury —

24. Was disease or injury in any wey related to occupation of deceased? no

If so, specify ____

(Signed) H E Crendrow M. D.

(Address) Grantsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1923*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

NOV 14 1929

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10064

1. PLACE OF DEATH (131)

County Garrett Registration Dist. No. 172

Village or City Kitzmiller No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lemuel Knotts U.S. Veteran, specify WAR

(a) Residence: No. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Anna Kisner~~

6. DATE OF BIRTH (month, day, and year): Aug. 8, 1870

7. AGE: Years 69 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Coal Miner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 5 yrs ago.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Barbour Co. West Virginia

FATHER

13. NAME: Elza Knotts

14. BIRTHPLACE (city or town) (State or country): Preston Co. West Va.

MOTHER

15. MAIDEN NAME: Sarah Frances

16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMANT (Address): Elza Knotts Kitzmiller, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Zion, Md. Date: Oct. 14, 1939

19. UNDERTAKER (Address): Otha F. Sharpless Blaine, W. Va.

20. FILED: Oct 13, 1939 A W Barrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 10th 1936, to Oct. 11th, 1939

I last saw him alive on Oct 11th, 1939; death is said to have occurred on the date stated above, at 1:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration.	
Chronic Nephritis	

Other Contributory Causes of Importance:

Name of operation: none Date of

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R R Sisson M. D.

(Address) Kitzmiller, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10065

(119)

1. PLACE OF DEATH

County Garrett Registration Dist. No. 172

Village or City Vindex, No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Lee Mitten If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vindex, Maryland

FATHER

13. NAME Dennis Mitten

14. BIRTHPLACE (city or town) (State or country) Newburg, West Virginia

MOTHER

15. MAIDEN NAME Hazel Stevens

16. BIRTHPLACE (city or town) (State or country) Blaine (Potomac Manor) West Virginia

17. INFORMANT (Address) Mr. Dennis Mitten Vindex, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Tunnelton W Va Date Oct 19, 1939

19. UNDERTAKER (Address) Otha F. Sharpless Blaine, W.Va.

20. FILED Oct 18, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15th, 1939, to Oct 17th, 1939

I last saw him alive on Oct. 17th, 1939; death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diarrhea and Enteritis	10-14-39

Other Contributory Causes of Importance:

Dehydration	10-14-39

Name of operation none Date of

What test confirmed diagnosis? Phys Sem Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R R Simon M. D.

(Address) Kitzmiller Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING M.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

NOV 3 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10066

Reg. Dist. No. 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Near Friendsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Amanda June Savage

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Dan Savage

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Nov 9- 1877

8. AGE:

Years	Months	Days	If less than one day
62	7	21	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: John H French

13. Birthplace: Md

MOTHER — 14. Maiden name: Mary E Markley

15. Birthplace: Md

16. Informant: Mrs Savage

Address: Friendsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-1-39 (month) (day) (year)

Cemetery or crematory: Blooming Rose

Location: Near Friendsville Md

18. Funeral director: H M Savage

Address: Friendsville Md

19. 11-1- 1939 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30, 1939, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1939, to October 30 1939, and that I last saw her alive on October 23 1939.

Immediate cause of death	DURATION
Coronary Occlusion	15 min.
Due to Arteriosclerotic Heart disease	10 years
Due to	
Other conditions Atrophic Arthritis Bilateral Varicose ulcers.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Eugene Greenwood M D (M. D. or other)

Address: Friendsville Md Date signed 10-31-39

RECEIVED
NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10067

93-C

1. PLACE OF DEATH

County GARRETT Registration Dist. No. 166

Village or City OAKLAND, MD. RD No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME WILLIAM L. SCHUTZ. If U. S. Veteran, specify WAR

(a) Residence: No. OAKLAND, MD. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWER.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY SCHUTZ.

6. DATE OF BIRTH (month, day, and year) APRIL 16th, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RETIRED

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MT. SAVEDGE, MD. (State or country)

FATHER

13. NAME PETER SCHUTZ.

14. BIRTHPLACE (city or town) GERMANY (State or country)

MOTHER

15. MAIDEN NAME MARY KLEIN,

16. BIRTHPLACE (city or town) GERMANY. (State or country)

17. INFORMANT DR. ELLIOTT SCHUTZ. (Address) WASHINGTON, D. C.

18. BURIAL, CREMATION, OR REMOVAL Place OAKLAND CEM. Date OCT, 9th, 1939

19. UNDERTAKER EMROY D. BOLDEN. (Address) OAKLAND, MD.

20. FILED 10-9-, 1939 Julia Rowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan, 1939, to Oct 6, 1939

I last saw him alive on Oct 6, 1939; death is said to have occurred on the date stated above, at 8:15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Decompensation	

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify N. I. Broadwater

(Signed) Oakland Md M. D.

(Address) .....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 6 1933 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10068

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GARRETT

City or town OAKLAND, MARYLAND.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 Years,

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland, County Garrett

City or town Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME MARTHA LEE TASKER

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22d, 1930

8. AGE: Years 8 | Months 8 | Days 7 | If less than one day hrs. min.

9. Birthplace Garrett County, Md. Oakland. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Victor Tasker.
13. Birthplace Garrett County, Md. Oakland. Md.

MOTHER
14. Maiden name Minnie Shrout.
15. Birthplace Garrett County, Md. Oakland. Md.

16. Informant Victor Tasker.
Address Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct, 31st, 1939 (month) (day) (year)

Cemetery or crematory Oakland, Cemetery.

Location Oakland, Md.

18. Funeral director Emroy D. Bolden,
Address Oakland, Md.

19 10-31- 19 39 (Date rec'd by registrar) Julia Rowan Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29th, 1939 v, at 12:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Oct 29 1939, and that I last saw her alive on Oct 29 1939.

Immediate cause of death Dilatation of left ventricle of heart

Due to

Due to Scarlet Fever

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. C. Hurlbaugh M. D. or other

Address Oakland Md Date signed Oct 29 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.